

Chapter 1

Introduction

“Menstruation is a complex biopsychosocial phenomenon involving cyclical physiological changes in the female reproductive system which is accompanied by psychological responses and possess sociocultural meanings, which together influence how individuals experience, interpret and manage their menstrual cycles” (Chrisler, 2011).

Menstruation is a natural biological process that signifies an important stage in the growth of adolescent girls, representing their transition into womanhood. It is a universal experience, yet discussions around menstruation are often limited due to stigma, traditional myths and deep rooted misconceptions. These issues are particularly pronounced in low income and culturally conservative settings (Sommer et al., 2015). The negative societal attitudes can significantly affect young girls’ emotional, psychological and physical health, potentially lowering their self-esteem, disrupting academic progress and diminishing overall quality of life (Hennegan et al., 2019). In many communities, limited access to menstrual health education and the dominance of silence and shame surrounding the topic leave adolescent girls inadequately prepared to manage this important aspect of their development (Bobel, 2018).

Adolescence, being a phase of intense physical, cognitive and emotional growth, provides a critical opportunity for shaping health related attitudes and behaviours (Patton et al., 2016). Promoting menstrual health awareness and nurturing a positive perception of menstruation during this period are essential steps in helping girls gain confidence and maintain dignity as they mature (House et al., 2012). The conventional menstrual education usually focus narrowly on the biological side, overlooking the psychological and emotional dimensions that are equally important (Koff & Rierdan, 1995). This traditional ways of dealing with menstrual health and education highlights the importance of adopting a more holistic approach that integrates both physical and mental health perspectives into menstrual education.

Yoga, an ancient practice that combines mindful movement, controlled breathing and meditation, has increasingly been acknowledged for its wide ranging benefits on both physical and mental health (Ross & Thomas, 2010). Research evidences prove that yoga

can help individuals manage stress, regulate emotions and develop better self-awareness all of which may contribute to healthier attitudes toward menstruation (Field, 2016). The yoga practices when paired with psychoeducation, offers structured learning to address psychological challenges, yoga can become a comprehensive intervention to reconstruct negative menstrual attitudes and encourage a more open mindset (Khalsa et al., 2020). Menstrual health concerns are increasingly recognized among adolescent girls worldwide. Dysmenorrhea referred to painful periods being among the most commonly reported challenge. Few studies suggest that as many as nine out of ten adolescent girls may experience menstrual related problems (Karout et al., 2012; De Sanctis et al., 2019). Factors like high stress levels, irregular eating patterns, and sedentary lifestyles are often linked to menstrual disturbances (Vilšinskaitė et al., 2019). Adolescents may also face other challenges like heavy bleeding (menorrhagia), infrequent cycles (oligomenorrhea), or the complete absence of menstruation (amenorrhea) (Nooh et al., 2016).

Ravi et al. (2017) reported that 87.7% of adolescent girls experienced menstrual issues, with 72.6% affected by dysmenorrhea. Menorrhagia and irregular cycles were also noted in 45.7% and 31.7% of participants. Mohite and Mohite (2016) supported these findings, emphasizing that a lack of awareness about menstrual health contributes to poor outcomes for adolescent girls. In Tamil Nadu, Ravi et al. (2017) observed a high rate of menstrual disorders among rural school girls, with the most common issue was dysmenorrhea (painful menstrual phase) followed by menorrhagia and irregular menstruation.

The national level surveys conducted by Government of India has also documented menstrual health trends and challenges. The Ministry of Health and Family Welfare provides National Family Health Survey contains detailed insights related to menstrual practices and disorders across different regions of the country.

Menstrual Hygiene Practices

The National Family Health Survey - 5 (2019–2021) reports that 78% of women aged 15–24 use hygienic methods of protection during menstruation, a notable increase from 58% in The National Family Health Survey - 4 (2015–2016). The use of sanitary napkins rose from 42% to 64% during this period.

Menstrual Disorders

The National Family Health Survey primarily focuses on health and demographic parameters, specific large scale national data on menstrual disorders are limited. The regional studies provide insights into the prevalence of menstrual disorders. A study analyzing data from the District Level Household and Facility Survey (2007–2008) reported that approximately 20% of women in India experienced menstruation related problems. Among these, 63% reported painful periods (dysmenorrhea), 25% had irregular periods and 14% experienced scanty bleeding. 22.3% of adolescent women reported menstruation related issues with 79.5% experiencing painful periods. The prevalence of menstrual disorders has been increasing over years especially among the adolescents.

Menstrual cycles are a natural biological function but is still considered as taboo or stigmatized concept amongst young adolescent girls. Lack of awareness and negative perception of menstruation highly contributes to increased psychosocial distress, low self-esteem and avoidance of appropriate health and social services. The issues related to menstrual health interferes with the optimal functioning and overall well-being of adolescents.

Most awareness programmes for menstrual health primarily focus on hygiene and biomedicine thereby neglecting the psychosocial and attitudinal aspects of menstruation. This gap in catering to the raising need to support adolescent health clearly highlights urgent need for specific comprehensive methods that educate girls about menstruation while offering a positive, holistic framework towards it enabling them to view it as a normal and natural process. Integrated approaches of physical care with psychological support are important in managing heightened stress among youth. Yoga is known to help with relieving menstrual pain and support emotional equilibrium and making it a timely intervention alongside psychoeducation.

This study aims to address existing gaps in awareness and attitude by offering a blended intervention. By targeting both the physical discomforts and the emotional and social dimensions of menstruation, the programme is designed to support adolescent girls in developing confidence, informed self-care habits and a positive outlook on their health and identity.

1. Adolescence

Adolescence is an important transition phase between childhood to adulthood in human development during which individuals undergo profound physical, social and emotional transformations. For girls, this period is marked by the onset of puberty. The identity is shaped gradually and increased social engagement is witnessed. Adolescence is a stage where interaction of biological, psychological and social processes shapes a young person's growth and experience.

1.1. Biological Changes

In biological perspective, adolescence period in girls is initiated by hormonal shifts that trigger the physical signs of puberty occurring between the ages of 9 and 13 years. These changes include secondary sexual characteristics like breast development, pubic hair growth and the commencement of menstruation processes regulated by the hypothalamic pituitary gonadal axis. The process is influenced by hormones like estrogen and progesterone (Biro et al., 2010). The body changes which occur during puberty lead to concerns about appearance and body image. Early puberty is associated to high dissatisfaction with one's body and lower self-esteem (Culbert et al., 2009). Fluctuations in hormone levels during this stage may intensify emotional responses and contribute to mood instability affecting mental well-being (Buchanan et al., 2013).

1.2. Psychological Changes

Psychological development during adolescence is equally dynamic as the biological development. In this phase girls begin to form a clearer sense of self and develop questions of identity. From Erikson's theory of psychosocial development, this period is defined by the conflict between identity formation and role confusion (Erikson, 1968). The societal expectations and cultural norms regarding gender and achievement impacts perception of self and their roles in different areas of life.

Adolescent girls become more capable of understanding and managing complex emotions. Many develop strong emotional awareness, they are also more likely to experience heightened vulnerability to mental health concerns. Studies suggest that girls are affected by anxiety and depression during this stage exacerbated by peer comparisons, academic demands and societal pressures (Thompson & McHale, 2001; Nolen-Hoeksema, 2001).

1.3. Social Changes

The social dimension of adolescence brings about a shift in priority of social relationships. Peer connections become more important compared to the family relationships in terms of emotional significance. Brown and Larson (2009) suggests that friendships can provide critical emotional support but may also expose girls to peer pressure, exclusion or bullying.

Adolescent experiences are built and rebuilt by cultural and societal factors like norms, traditional beliefs, community practices also significantly build. Media representations that emphasize narrow ideals of beauty that further creates beauty standards which can negatively affect self-worth and body satisfaction (Levine & Murnen, 2009). Socioeconomic status, ethnic background and family environment can play broader role in either supporting or hindering healthy development during these formative years.

Adolescence for girls is a multifaceted interaction of biological, emotional and social influences. The knowledge about this phase from a biopsychosocial perspective enables a deeper appreciation of the challenges young girls face. Building comprehensive, supportive strategies that address all aspects of development can equip adolescents in a better way to successfully pass through this transitional period with resilience, self-awareness and promote well-being.

1.4. Identity Vs Role Confusion

The identity crisis explained in the stages of Erik Erikson encompasses the need of adolescents to develop a coherent sense of self, including the roles to be played in the society. The inability to ascertain and organize the abilities, needs, interests and desires in social context could result in role confusion which can greatly delay reaching psychological adulthood.

1.5. Age of onset of puberty

The age of onset is influenced by nutritional status, genetic and environmental influences including racial and cultural background, climate and residence. Hence a great deal of variations is observed in the evolution of puberty changes. Normal age of puberty varies between 9 and 13 years and the duration lasts 2–3 years. Though the beginning of puberty is subtle and cannot be dated precisely, the end point is menstruation.

1.6. Growth spurt and menstruation

The starting of the physical growth curve is soon followed by typical sequence of development of female secondary sexual characteristics, which include thelarche, adrenarche, continuing growth spurt genital organ growth and menarche.

2. Menstruation

Menstruation, referred to as a woman's period, is a natural physiological process that occurs in people with female reproductive systems. It is a cycle that occurs every month in which the lining of the uterus (the endometrium) thickens in preparation for possible pregnancy. If pregnancy does not occur, the body sheds this uterine lining, resulting in the release of blood and other uterine tissues from the body through the vagina. This process occurs once every 21 to 35 days and lasts for several days, although the exact duration and flow can vary from person to person.

A developmental milestone in adolescence, referred to as menarche is the process of menstruation that commences and continues until a woman reaches menopause. Menopause usually occurs between the ages of 45 and 55 years when menstrual cycles slowly approach the end. Hormonal changes involving estrogen and progesterone majorly controls the functions of the female reproductive system. The menstrual cycle is a regulated biological process that generally lasts around 28 days. A normal menstrual cycle can vary between 21 and 35 days depending on the individual. Hormonal fluctuations happen through the cycle that work together to prepare the body for the possibility of pregnancy. The cycle is divided into four phases: the menstrual phase, the follicular phase, ovulation and the luteal phase. In each stage the body performs its functions in supporting reproductive health.

2.1. Menstrual Phase

The first phase of the menstrual cycle lasts for 3 to 7 days and is referred as the menstrual phase which marks the commencement of the cycle. The levels of estrogen and progesterone significantly drop during this phase leading to the shedding of the uterine lining (endometrium) if no fertilization has occurred. In menstrual phase the body sheds blood, mucus and tissue through the vagina, resulting in menstruation and 30 to 80 ml loss of menstrual fluid is considered average (Brock et al., 2021). Physical symptoms like cramping (dysmenorrhea), bloating, mood changes and fatigue (Baldwin et al., 2019) are experienced by many individuals.

2.2 Follicular Phase

The follicular phase spans from the first to the thirteenth day when the pituitary gland releases follicle stimulating hormone. The follicle stimulating hormone prompts the growth of multiple ovarian follicles. Several follicles begin to develop and usually only one progresses to maturity and becomes dominant (Crawford & McKenzie, 2015). Estrogen production is stimulated by the rise of follicle stimulating hormone levels. The uterine lining is thickened as a result of Follicle Stimulating Hormone. The process effectively prepares the body for potential pregnancy (Garg & Shukla, 2018). The estrogen levels increase and change the consistency of cervical mucus as it becomes more favourable for sperm mobility and survival (Harrison et al., 2018).

2.3. Ovulation

In a standard 28 days around the day 14, cycle marks the occurrence of ovulation. This phase is stimulated by a sudden surge in luteinizing hormone. The surge in luteinizing hormone causes the dominant follicle to rupture and release a mature egg (Yen et al., 2018). The released egg enters the fallopian tube, where it may undergo fertilization. As ovulation usually happens about two weeks before the start of the next menstrual period it can serve as a reference for identifying the fertile window (Dunson et al., 2002). Some individuals may experience mild noticeable signs of ovulation such as one sided abdominal ache (commonly known as mittelschmerz) or an increase in sexual desire (Garg & Shukla, 2018).

2.4. Luteal Phase

The luteal phase takes place following ovulation. It generally lasts from day 15 to day 28. The ruptured follicle transforms into the corpus luteum which is a temporary gland that secretes progesterone and smaller amounts of estrogen. These hormones contribute to the development of the uterine lining, making it more receptive to a fertilized egg (Garg & Shukla, 2018). The hormonal levels are relatively steady during luteal phase. Progesterone is particularly important for sustaining the endometrial lining in anticipation of pregnancy (Crawford & McKenzie, 2015). If fertilization and implantation do not occur, the corpus luteum degenerates, leading to a drop in hormone levels. The decline in hormone levels leads to premenstrual symptoms such as mood swings, breast tenderness and bloating (Baldwin et al., 2019). A balanced series of hormonal shifts happen during the menstrual cycle that enable reproductive function. Awareness of the changes embedded in the cycle

can support a better understanding of menstrual health and aid in identifying potential irregularities.

3. Menstrual Attitude

Menstruation, a routine biological function experienced by females is accompanied with cultural, emotional and social meanings that go far beyond the physical process. Menstrual attitudes are the way people think and feel about menstruation. The attitudes can influence how menstruation is experienced, talked about, comprehended and managed. The menstrual attitudes encompass personal beliefs, emotional responses and behavioural patterns. They can significantly impact one's mental and physical well-being. Menstruation is a universal biological process, the way it is understood and treated differs widely across societies and cultures, shaped heavily by social customs, historical traditions and cultural beliefs (Chrisler, 2011). Menstruation has been associated with taboo and misinformation in many parts of the world. Menstrual blood is often linked to impurity or defilement, leading to harmful perceptions and practices (Johnston-Robledo & Chrisler, 2013). These misconceptions have caused traditions like isolating menstruating individuals or limiting the involvement in daily routines (Buckley & Gottlieb, 1988). As a result of the misconceptions, many people grow up experiencing menstruation as shameful or unspeakable process. The silence linked to menstrual health is described as "menstrual silence" (Kissling, 1996), remains deeply rooted in many communities.

Menstruating women were considered ritually impure by ancient civilizations and they experienced various forms of exclusion. The traditionally inherited views regarding misconceptions of menstrual practices continue to frame societal attitudes today it further hinders open conversation and reinforcing stigma. To foster social and professional spaces where menstruation is acknowledged and managed with dignity and empathy, it's vital that the society must challenge these outdated beliefs (Locke et al., 2001).

In psychological perspective, if early messages about menstruation are negative, it can cause young individuals to associate it with discomfort, shame or disgust (Marván & Molina-Abolnik, 2012). Internalized negativity occurred as early experiences may cause some to see menstruation as a burden, while others struggle emotionally due to the secrecy surrounding the topic which limits one from being aware of menstrual health and best practices. In the view of Bobel (2010), longstanding biases surrounding menstrual health have increasingly been challenged through the efforts of activists, educators and healthcare

professionals. These groups advocate for a reframing of menstruation not as a source of shame or discomfort, but as a natural and empowering dimension of bodily experience by fostering openness and promoting strategies that build body confidence. Honest and open conversations support these initiatives and strive to replace shame with understanding and pride.

Healthy and favourable menstrual attitudes are profoundly developed through education. According to Rembeck and Gunnarsson (2004), when adolescents receive inaccurate, unsupportive information, their first experiences with menstruation can be marked by fear, confusion or embarrassment. On the other hand, if menstruation is introduced as a normal and natural part of the development especially through empowering education it can build healthier perspectives and better self-care behaviours (Sommer et al., 2015).

Menstrual perceptions are significantly influenced by media portrayals. Like advertisements related to menstrual products which have conveyed, menstruation should be hidden by promoting products that emphasize concealment (Newton, 2016). These messages have contributed to a culture of silence and shame in perceiving healthier attitudes towards menstruation. Modern media campaigns are choosing to normalize menstrual health, challenge stigma and promote frank and empowering discussions (Merskin, 1999).

Thus, how menstruation is viewed is essential for achieving menstrual equity a principle that advocates for equal access to menstrual health resources and the right to manage one's period with dignity (Hennegan et al., 2019). By cultivating positive, informed and inclusive attitudes, societies can break down long standing barriers and promote well-being. Addressing the psychological, social and educational aspects of menstruation is not only about health it's about human dignity.

Thus, the view towards menstruation is essential for achieving menstrual equity which is a principle that advocates for equal access to menstrual health resources and the right to approach and manage one's reproductive health with dignity (Hennegan et al., 2019). The long standing barriers can be broken down by cultivating positive, informed and inclusive attitudes, societies and engage in promoting well-being. Apart from holistic health, human dignity is sustained by addressing the psychological, social and educational aspects of menstruation.

3.1. Types of Menstrual Attitude

Menstrual attitudes involve various perspectives that women may hold toward menstruation. These attitudes can impact how menstruation is perceived, managed and integrated into daily life. The common types of menstrual attitudes studies are as follows:

3.1.1. Debilitating

The perception of menstruation as a limiting process physically, emotionally and restricting oneself from active engagement in routine activities is conceptualized as debilitating attitude. Individuals who consider menstruation as a debilitating event may feel that menstruation intervenes with one's perceived well-being (Brooks-Gunn & Ruble, 1980).

3.1.2. Bothersome

Menstruation is seen as an inconvenient or annoying experience by those who feel menstruation is bothersome event and sense irritation due to the physical and social disruptions it causes (Brooks-Gunn & Ruble, 1980).

3.1.3. Natural Event

Comprehending menstruation as a natural event encompasses accepting it as a regular biological process that occurs in every female as a result of normal physical development. Individuals with natural attitude learns menstruation is an essential aspect of health and womanhood and provides an insight of their overall health (Chrisler & Zittel, 1998).

3.1.4. Anticipation of Onset

This attitude refers to the anxious anticipation or worries regarding the onset of menstruation. High anticipation may lead to stress around the timing and symptoms of menstruation. If an individual feels stressed and anxious when menstruation approaches, it intervenes with their optimal functioning (Lee & Sasser-Coen, 1996).

3.1.5. Denial of Effects

The tendency to ignore the impact of menstruation on one's life is referred as denial of effects of menstruation. Individuals with this attitude may not pay attention to symptoms or avoid acknowledging the true limitations menstruation could impose (Brooks-Gunn & Ruble, 1980).

In adolescents, unhelpful menstrual attitudes can lead to several adverse consequences including persistent stress and anxiety, impaired academic performance and negative body image. When menstruation is viewed as a debilitating event, the girls may experience higher levels of pain and discomfort, resulting in absenteeism from school.

As noted by Houghton and Adkins-Jackson (2024), prevailing cultural norms and limited awareness significantly contribute to the enduring stigma surrounding menstruation. When menstruation is not widely recognized as a routine biological process, individuals may struggle to manage their menstrual health effectively an issue that can give rise to lasting psychological implications.

3.1.6. Impact of Menstrual Attitudes on Mental Health and Self-perception

Perceptions of menstruation exert a significant influence on women's psychological well-being and self-perception. Research indicates that negative menstrual attitudes are often linked to increased anxiety and reduced self-esteem, particularly among adolescents and individuals managing conditions such as polycystic ovary syndrome, which may further complicate mental health and impair overall quality of life (Annagur et al., 2018). As women encounter major life transitions, including menopause, those with a more affirming perspective on menstruation tend to report more favourable mental health outcomes, whereas those maintaining negative perceptions often face heightened emotional distress and social withdrawal (Bariola et al., 2017). A favourable attitude towards menstruation may contribute to self-acceptance and adaptive coping, this supports women in coping with the body changes. Such attitudes can reform the sociological conduct that can contribute to personal relationships and professional participation. Educational campaigns must work to break down these cultural myths and encourage healthier perspectives about menstruation.

3.2 Premenstrual Symptoms

Indian adolescent menstrual problems include dysmenorrhea, irregular menses, amenorrhea and premenstrual syndrome. A few studies have reported the prevalence of dysmenorrhea 60% to 70% of Indian adolescent girls and around 30% suffer from irregular menstrual cycles. Premenstrual Syndrome is a common condition in adolescent girls, affecting approximately 50%. Many sufferers experience significant discomfort and disruption. These results demonstrate the importance of effective menstrual health education and improved access to health care services (Kumar & Singh, 2022).

Premenstrual syndrome is a collection of physical, psychological and behavioural symptoms, which tend to appear in the luteal phase, i.e. the second half of the menstrual cycle from ovulation to menses (about two weeks prior to menses). The symptoms can be extremely varied, including mood swings, irritability, depression, anxiety, bloating, breast tenderness and fatigue. Although 75% of menstruating women report experiencing mild premenstrual syndrome symptoms, 3-8% suffer a more severe form referred to as Premenstrual Dysphoric Disorder, as it is associated with severe reduction of functioning (Yonkers et al., 2008; Ryu & Kim, 2015).

Premenstrual syndrome, is characterized by rapid hormonal changes, including increase in progesterone and estrogen levels and neurochemical changes, including changes in serotonin levels (Rapkin & Winer, 2009). Therapy depends on the intensity of symptoms and can involve lifestyle changes, dietary changes, physical activity, stress managing and drugs. Selective Serotonin Reuptake Inhibitors and hormone therapies are effective for treating severe premenstrual syndrome and Premenstrual Dysphoric Disorder symptoms (Biggs & Demuth, 2011). Cognitive Behavioural therapy is another promising non pharmacological treatment, particularly for mood related symptoms (Hunter et al., 2002).

There is a great deal of interest in the relationship between premenstrual syndrome and menstrual attitudes among those who investigate how attitudes towards menstruation may affect how severe an individual's experiences of premenstrual syndrome. Women with negative attitudes towards menstruation, as an incapacitating or disruptive event tend to have more severe and frequent premenstrual syndrome symptoms. Mood and physical complaints might be increased, relative to the rest of the cycle, due to the stress and negative expectations of their menstrual cycle for these women (Marván & Espinosa-Hernández, 2014).

Culture, socialization and personal beliefs may influence attitudes about menstruation, which then influence how premenstrual syndrome symptoms are experienced and managed by women. Reported symptoms among women who view menstrual bleeding as a "natural" process would be lower as such women would not see their cycles as a cause of distress (Chrisler et al., 2015)

Additionally, by redefining menstruation as a natural and manageable process, educational and psychosocial initiatives that support positive menstrual attitudes have

demonstrated promise in lowering premenstrual syndrome symptoms. This link highlights how crucial it is to address menstrual attitudes in order to lessen the effects of premenstrual syndrome, with strategies like psychoeducation being the most effective way to promote more positive outlooks and lessen distress.

4. Government Schemes on Menstrual Health

Menstrual health, hygiene and education for adolescents and marginalized groups has been the major focus for many governmental schemes and programmes. Menstrual Hygiene Scheme was launched under the National Health Mission; the scheme aims to raise awareness and provide sanitary products to rural adolescent girls. The Rashtriya Kishor Swasthya Karyakram is solely working towards adolescent health and well-being and includes menstrual health as part of the broader initiative. Several state level programmes, such as Chuppi Todo in Rajasthan and Suchita Abhiyan in Maharashtra are working to break the menstrual taboos and improve access to menstrual hygiene products. The government initiatives play a crucial role in creating safe environment for adolescents to learn about healthy menstrual practices and provides access to hygienic menstrual products throughout the country.

4.1. India Acts

Several schemes and programmes have been launched by Indian Government to address menstrual health education and hygiene management. These initiatives aim to tackle the challenges faced by girls and women experiencing menstruation. The initiatives that aid in promoting menstrual health includes:

4.2. The National Health Mission

The Government of India introduced the National Health Mission in 2013 to improve healthcare delivery across the Nation for underserved and vulnerable groups. The national health mission possesses two main components: the National Rural Health Mission and the National Urban Health Mission. These initiative aims to

- expand access to quality healthcare services
- strengthening health infrastructure, the workforce and service delivery in both rural and urban areas.

The mission prioritizes areas of maternal and child health, infectious disease control and with notable programmes aiding in enhancing adolescent health.

4.3 Rashtriya Kishor Swasthya Karyakram

Adolescent health and development are the target of this national programme. The scheme was initiated in the year 2014. It's dedicated to cater to the need of meeting challenges of the adolescent group. It includes education and awareness campaigns that focus on various health issues relevant to adolescents, including menstrual hygiene for both boys and girls. The scheme addresses six key thematic areas:

- nutrition
- mental health
- sexual and reproductive health
- substance misuse
- non-communicable diseases
- violence including gender based violence

4.4. Menstrual Hygiene Scheme

Indian government launched the Menstrual Hygiene Scheme in the year 2011 to promote better menstrual hygiene practices among adolescent girls, particularly in rural areas. The programme provides sanitary napkins at subsidized rates through Accredited Social Health Activists to school girls, ensuring they have access to essential menstrual hygiene products. The scheme engages parents, teachers and community leaders to normalize discussions around menstruation. To reduce school absenteeism, improve reproductive health outcomes and empower adolescent girls with knowledge and confidence to manage menstruation safely and with dignity is the broader objective of the scheme.

4.5. Swachh Bharat Mission

The Swachh Bharat Mission is a nationwide sanitation campaign that begun in the year 2014, that aims to create cleaner and safer public sanitation facilities. This includes building separate toilets for girls and women in schools and public spaces. The scheme also emphasized menstrual waste disposal. The Swachh Bharat mission emphasis on behavioural transformation rather than mere infrastructure creation.

4.6. Beti Bachao, Beti Padhao

This initiative commenced in the year 2015, the core goals of the scheme were female empowerment and access to education. The scheme has also targeted to support menstrual health education in government schools. The scheme indirectly contributes to reducing dropouts caused due to poor menstrual hygiene management.

4.7 Chuppi Todo, Swasth Raho

The Chuppi Todo, Swasth Raho means "Break the Silence, Stay Healthy". The campaign once again clearly indicated that shame and silence over menstruation bear a direct proportion to health repercussions. The programme promotes open talk of menstrual hygiene, taboo and health practice in interactive forms such as peer led sessions, street theatre and school workshops.

4.8. Suchita Abhiyan

In Maharashtra, the campaign termed as Suchita Abhiyan focuses on menstrual hygiene management with a goal

- to provide affordable sanitary products
- educate women and girls about menstrual health
- ensure access to sanitary facilities for safe menstruation, particularly in rural and underserved areas

Both Suchita Abhiyan and Chuppi Todo emphasize the importance of empowering women and girls through education and support for healthy menstrual practices. All the schemes aim to empower women and girls through education and support for healthy menstrual practices yet challenges persist in ensuring menstrual education reaches all population segments, especially in remote and marginalized areas.

5. Stress

Lazarus and Folkman (1984) refers stress as the physical and psychological reactions individuals experience when faced with psychosocial demands that feel beyond their ability to cope. This response arises as a result of how one mentally assesses situations, the emotional reactions to the demands and all of which can have both immediate and long term impacts on our mental and physical well-being.

5.1. Biological Factors

Puberty related hormonal changes can heighten emotional sensitivity and increase the risk of developing stress. Dahl and Gunnar (2009) denotes that the hypothalamic pituitary adrenal axis is more reactive during adolescence which causes vulnerability to stress related issues. The rapid hormonal and biological shifts intensify emotional responses contributing to increased anxiety and mood swings (Moffitt et al., 2011).

5.2. Psychological Factors

Personal identity formation marks the social development in adolescence. The process of identifying oneself in various domains is a stressful experience as young people indulge with questions around self-worth, independence and satisfy their sense of belongingness with their peers. The priority in choosing relationships shifts to peers rather than family members. The need for autonomy as in making decisions in everyday life may conflict with family expectations, causing stress within one's significant relationships (Erikson, 1968). Constant comparison with others particularly in the realm of social media can heighten feelings of inadequacy and anxiety (Vogel et al., 2014).

5.3. Social Factors

The quality in social relationships framed during adolescence plays a major role in the stress experienced by adolescents. Issues like Peer pressure, bullying and the need for social approval can have a substantial impact on their physical and mental health. Research suggests that negative peer experiences are closely tied to increased levels of stress and symptoms of depression (Hawker & Boulton, 2000). The pressure to perform academically upto expected standards can create significant stress. Adolescents are prone to experiencing anxiety and stress when they fail to meet the high expectations of the society and significant circle (Dusselier et al., 2005).

5.4. Perceived Stress

Perceived stress refers to the subjective measure of stress an individual feels regardless of the actual external stressors they may be facing. It is influenced by personal beliefs, coping strategies and past experiences. People vary in perceiving stressors and choosing their reactions to similar stressful situations (Cohen et al., 1983). Perceived stress provides a notion that interpretation of stressful stimuli is more important than the actual cause of stress. As the perception and interpretation of any stimuli are under the control of

an individual, it is more significant in building coping strategies based on perceived stress factors such as work, relationships, finances and health problems. It's vital to distinguish between actual stressors and the perception of stress, as the latter can have significant health consequences (Lazarus & Folkman, 1984). Persistent experiences of perceived stress can increase the risk of mental health issues like anxiety and depression and causes physical problems such as heart disease, weakened immunity and metabolic issues (Cohen & Janicki-Deverts, 2012).

An individual's behaviour is influenced by the perception of stressful situations. For example, increased stress levels might lead to unhealthy coping mechanisms such as smoking, drinking alcohol, or becoming less active, which can worsen physical health (Kivimäki et al., 2002).

Thus, for developing strategies to reduce stress and improve overall well-being, the knowledge about the factors that shape how one perceives stress and recognizing its potential effects, is crucial.

5.5. Causes of Stress

Adolescence is a transition period where stressors of various domains is experienced as a result of rapid and significant growth pattern. The challenges faced during adolescence sculpts the individual and triggers to learn alternative aspects of managing stress. During adolescence the major sources of stressors are as follows:

5.5.1. Academic Pressure

Academic demands in terms of the pressure to perform well in school, compete for spots in higher education and meet expectations from parents and teachers can be overwhelming. This constant striving to succeed often leads to feelings of anxiety, self-doubt and stress (Verger et al., 2009).

5.5.2. Social Relationships

As adolescents consider peer relationships and social standing to be important, they can experience stress due to issues related to friendships, romantic relationships, bullying and social media. These factors may lead to feelings of exclusion, anxiety or depression (La Greca & Harrison, 2005). Peer pressure, especially to engage in risky behaviours can contribute significantly to stress.

5.5.3. Family Dynamics

Stress related to family often arise from conflicts with parents, siblings or guardians, particularly regarding the adolescent's need for autonomy. Lack of consistent family support, parental divorce, or ongoing conflict at home can further amplify stress during this time (Smetana, 2011).

5.5.4. Identity Formation

Erikson (1968) proposed that identity formation is the major focus during adolescence. The pressure to establish a personal identity, including defining aspects like gender, sexual orientation and future career, can lead to confusion and stress. This ongoing quest for self definition can sometimes cause anxiety as adolescents struggle to make sense of their place in the world.

5.5.5. Societal and Cultural Expectations

The societal pressure such as to conform to certain standards whether related to behaviour, appearance or success can also create stress. These expectations are amplified by the pervasive influence of social media, which can lead to unrealistic comparisons and the fear of missing out from their identity groups. It can lead to developing dependency, adopting risk behaviours or unhealthy coping mechanisms (O'Keeffe & Clarke-Pearson, 2011).

6. Effects of Stress

The effects of stress during adolescence can affect a wide range of areas, including emotional, physical and behavioural health.

6.1. Mental Health

Chronic stress can contribute to the development of mental health conditions such as anxiety, depression and other disorders. If the mild signs and symptoms are left unaddressed, these issues can impact an adolescent's ability to engage socially and academically, often leading to long term mental health problems (Grant et al., 2003).

6.2. Physical Health

Stress releases cortisol in the blood stream and excessive cortisol can lead to physical health problems, such as headaches, digestive issues and fatigue. Chronic stress can also weaken the immune system, making the body more vulnerable to illness (Romeo, 2013).

6.3. Risky Behaviours

Under stress, some adolescents may turn to unhealthy coping mechanisms, such as substance abuse, self-harm, or engaging in risky sexual behaviours. While these actions might offer temporary relief from stress, they can lead to more serious mental health and physical issues in the long run (Byrne et al., 2007).

6.4. Coping with Stress

Adolescents may try different ways of dealing with stress and some strategies may be more effective than others.

6.5. Adaptive and Maladaptive Coping Strategies

Based on different societal and personal factors, adolescents tend to choose between healthy and unhealthy coping strategies. Healthy coping strategies include individuals participating in physical activities, talking to trusted friends or family members, practicing mindfulness and using problem-solving techniques to deal directly with stressors (Compas et al., 2001). On the other hand, some adolescents may rely on less effective coping strategies like avoiding their problems, using substances or acting aggressively. In today's scenario they adopt habits like oversleeping, feeding on junk foods and binge gaming or social media usage to manage stress which still is a unhealthy and maladaptive strategy. These maladaptive methods can actually make stress worse and may lead to more complicated mental and physical health issues (Byrne et al., 2007).

6.7. Interventions to Manage Adolescent Stress

A wide range of challenges from academic expectations to shifting social dynamics can contribute to heightened stress levels in adolescents. Developing support systems during this critical developmental stage involving schools, families and mental health services emphasizes the need for a multi pronged approach in aiding adolescents to navigate through the period of stress and storm.

6.7.1. School Based Initiatives

Educational institutions have a distinct opportunity to promote student well-being. Structured programmes are implemented to teach practical skills such as time management, relaxation techniques and effective coping strategies (Ruiz-Aranda et al., 2012). Every

school is keen in creating a student friendly atmosphere to support and nurture the development of adolescents in all facets. The schools adopt different methods like counselling, awareness programmes, lecture series, workshops to enable the students learn alternate strategies to deal effectively with stress which is an inevitable factor.

6.7.2. Family Involvement

The home environment also plays a significant role. Adolescents who experience open communication and emotional support from their families are generally more equipped to deal with stressful situations. A nurturing and cohesive family atmosphere help foster resilience and emotional regulation (Smetana, 2011).

6.7.3. Mental Health Services

Access to mental health care whether through school counsellors, therapy sessions or peer support networks provides young people with a safe space to explore their emotions and develop healthy coping mechanisms. Early and consistent support can also prevent minor stress from evolving into more serious mental health concerns (Grant et al., 2003).

6.8. Coping Stress

Stress management is learning to deal in healthy manners with the mental, emotional and physical reactions that occur when life appears to be spiralling out of control. People employ different strategies depending on the situation and these can be generally categorized into two types: problem focused coping and emotion focused coping. Problem focused coping is when one address the cause of the problem directly. This can involve planning, getting the act together or accumulating the information required to solve a problem that is causing stress (Carver et al., 1989). Emotion focused coping is when one address the emotions associated with stress. This can be in the form of mindfulness, breathing, or simply talking to a friend for emotional support (Folkman & Moskowitz, 2004). By learning effective ways of utilizing these coping strategies can reduce short term stress and assist in developing long term resilience and foster greater mental well-being (Taylor, 2011).

6.9. Positive and Negative Ways of Coping with Stress

Healthy Coping Strategies

Problem Solving

One of the most effective ways to handle stress is by facing the issue directly. Whether it's creating a to do list, breaking a problem into manageable steps, or seeking advice, taking action can reduce stress and give a sense of control (Carver et al., 1989).

Leaning on Support Systems

Talking things through with someone you trust - be it a friend, family member, or mentor can offer both comfort and perspective. Feeling heard often makes stressful situations more manageable (Taylor, 2011).

Mindfulness and Relaxation

Practices like meditation, yoga and deep breathing exercises help calm the mind and body. These activities reduce tension, regulate emotions and promote a more balanced response to stress (Kabat-Zinn, 2003).

Unhealthy Coping Strategies

1. Avoiding the Problem

Ignoring what's stressing an individual out - whether by procrastinating or distracting oneself can often make things worse. While it might bring short term relief, it usually increases anxiety over time (Folkman & Moskowitz, 2004).

2. Turning to Substances

Some people try to escape stress by using alcohol, drugs, or other harmful substances. While this might numb uncomfortable feelings temporarily, it can quickly lead to serious mental and physical health issues, including dependency (Kuntsche et al., 2005). The difference between helpful and harmful coping mechanisms is key to managing stress effectively. Encouraging the use of positive strategies while reducing reliance on negative ones can greatly improve one's ability to handle challenges and maintain emotional well-being.

7. Psychological Well-being

Carl Ryff's model of psychological well-being is a comprehensive framework that emphasizes an individual's pursuit of self-acceptance, personal growth and a sense of purpose, grounded in existential and developmental psychology. Ryff (1989) identified six

dimensions of psychological well-being, each representing key aspects of what it means to experience optimal mental health:

7.1.1. Self-acceptance

This dimension refers to a positive attitude toward oneself, including acceptance of both personal strengths and weaknesses. Ryff argues that self-acceptance is fundamental for well-being, as it reflects an individual's comfort with their own identity and past (Ryff, 1989).

7.1.2. Positive Relations with Others

Having meaningful and trusting relationships with others is vital for well-being. Individuals high in this dimension experience deep connections with others, empathy and strong interpersonal bonds. This aligns with the belief that social support contributes to overall life satisfaction and resilience.

7.1.3. Autonomy

Autonomy reflects a sense of independence and the ability to resist social pressures. It represents the capacity to make decisions based on personal standards rather than societal expectations. Autonomous individuals feel in control of their behaviours and experience greater alignment with their true selves (Ryff & Keyes, 1995).

7.1.4. Environmental Mastery

This dimension involves effectively managing life situations and surroundings. Individuals who rate high in environmental mastery can adapt to challenges, make the best of their circumstances and control complex external environments to suit their needs. It underscores the importance of a sense of competence in managing daily life.

7.1.5. Purpose in Life

Having clear life goals and a sense of direction is essential for well-being. Ryff noted that a purpose driven life contributes to a feeling of meaningfulness, which is crucial for mental health. Individuals with a high sense of purpose are likely to engage in activities that align with their values and provide satisfaction (Ryff, 1989).

7.1.6. Personal Growth

This dimension captures the idea of continuous self-improvement and realization of one's potential. Personal growth is associated with a sense of development and a

commitment to becoming a better version of oneself. People with high levels of personal growth view challenges as opportunities to learn and evolve.

Ryff's theory has been widely influential in psychological research, as it integrates several philosophical and psychological traditions into a structured approach for understanding well-being. It offers a multidimensional view, emphasizing that mental health involves more than just the absence of illness but includes the active pursuit of personal fulfillment and resilience.

7.2. Implications

Psychological well-being during adolescence is essential for fostering positive mental health outcomes, resilience and overall life satisfaction. Adolescents who experience high psychological well-being demonstrate better emotional regulation, lower stress levels and stronger interpersonal relationships, which serve as protective factors against mental health issues like depression and anxiety (Keyes, 2006). High well-being in adolescence promotes healthy identity formation, self-efficacy and a sense of purpose, all critical for navigating the transition to adulthood (Ryff, 2014). Moreover, well-being is linked to academic success, as it enhances motivation, focus and cognitive functioning (Park, 2004).

Psychological well-being also aids in the development of social skills, empathy and a positive self-concept, helping adolescents engage in prosocial behaviours and avoid risky behaviours. Addressing psychological well-being in adolescence through supportive relationships, educational interventions and opportunities for self-exploration can lay a foundation for lifelong mental and emotional health.

8. Theoretical Framework

8.1. The Health Belief Model

The Health Belief Model is a psychological framework developed to understand and predict health related behaviours by examining individual beliefs and perceptions about health issues. It is grounded in the idea that behaviour is influenced by a person's perception of threats posed by a health condition and the benefits of avoiding these threats through specific actions (Glanz et al., 2008). The model comprises six key constructs,

8.1.2. Perceived Susceptibility

An individual's perception of their vulnerability to health issues often shapes how seriously they take preventive actions. For example, an adolescent might believe that if they neglect their well-being by not managing stress or maintaining a balanced life style they are

more likely to face problems like intense menstrual pain or irregular periods. Similarly, they may feel that chronic stress, if left unchecked, could eventually lead to more serious mental health concerns such as anxiety or depression. This sense of personal risk can be a powerful motivator for adopting healthier habits.

8.1.3. Perceived Severity

Perceived severity describes serious attitude an individual possesses in considering the consequences of a health issue. This can include physical, social, or emotional harm. For example, an adolescent considers severe menstrual pain or premenstrual syndrome as a barrier to performing well academically or socially or a girl fears that prolonged stress might harm her relationships or academic performance, leading to feelings of social isolation or emotional distress.

8.1.4. Perceived Benefits

The belief in the effectiveness of actions or behaviours in reducing the risk of or managing the health issue, such as regular exercise or vaccinations such as practicing yoga is believed to help regulate menstrual cycles and alleviate cramps. Psychoeducation is considered to improve emotional self-regulation as well as coping strategies related to stress which enhances psychological well-being.

8.1.5. Perceived Barriers

Elements that hinder the adoption of a particular health behaviour either cost, instruments required, or fears of adverse implications of the behaviour. Take for example, a girl who thinks menstrual health is not a subject that concerns anyone outside of herself and therefore is too shy to seek any form of assistance. One will not be surprised if this same person is unable to participate in activities that reduce stress like yoga because of a lack of time, resources, or even encouragement from peers.

8.1.5. Cues to Action

Something that reminds or encourages one to use a certain health behaviour. This may be advice given by a personal doctor, illness of some family member, or media campaigns. Guidance from a teacher or parent urging the adolescent to go for educative sessions motivates the adolescent to want to learn how to prevent and manage stress.

8.1.6. Self-efficacy

Added later to the model, it refers to the person's perception of ability and skill to carry out the health task effectively (Rosenstock et al. 1988). The Health Belief Model has seen wide application in health interventions concerning the promotion of vaccination, the prevention of diseases and the management of chronic conditions. In current study, boosting confidence that one can learn and consistently practice yoga to reduce menstrual discomfort and manage stress or after attending a psychoeducation session, one believes the presence of tools to identify stressors and apply effective coping mechanisms to maintain her psychological well-being.

8.2. The Transactional Model of Stress and Coping

Lazarus and Folkman's Transactional Model of Stress and Coping (1984), is a psychological outline explaining in what manner individuals estimate and respond to stressors. It highlights the lively dealings between the individual and their environment, where stress is comprehended not as a straight consequence of the stressor but as a product of the individual's insight and coping mechanisms.

8.2.1 Key Components of the Model

Primary Appraisal

In this phase, individuals assess whether an occurrence or condition stances a hazard, threat, or damage to one's well-being.

Secondary Appraisal

This involves assessing the resources and choices available to handle the stressor. Individuals evaluate their skills to achieve the condition successfully.

Coping Strategies

Coping refers to the several approaches individuals customarily use to shift the burden and difficulties of stressful conditions. According to Lazarus and Folkman, coping methods usually fall into two main groups:

Problem focused coping comprises engaging in direct actions to remove or decrease the source of stress. This force involves making a strategy, gathering resources, or in exploration for solutions to overcome a challenge.

Emotion focused coping centres on the management of open agony linked to a stressful occurrence. This includes chatting with one's friend, working with relaxation practices, or using ways to mentally distance several from the condition.

8.3. Outcomes of Coping

The technique a person uses to cope with stress plays an important part in determining their overall health and emotional steadiness. When dealing with effective strategies, they can help people adjust to stimulating environments. In contrast, unproductive or maladaptive handling can contribute to enhanced stress and unfluctuating lead to physical or psychological health difficulties over time.

8.4. Reappraisal Process

Coping does not break after a plan is functional. People frequently go back and review the circumstances to determine if the problem is still producing agony. This thoughtful procedure, known as reappraisal, helps them to resolve whether to vary their tactic or endure with their existing approach based on how things are developing.

8.5. Practical Applications of Coping Models

Lazarus and colleagues developed a coping model that has remained broadly functional in numerous real world backgrounds, such as handling chronic illnesses, adapting to major life variations, or dealing with work stress. For example, healthcare experts frequently use this outline to benefit the patient role to support their ability to manage long term settings by refining problem solving skills and constructing emotional flexibility.

8.6. Biopsychosocial Model of Health

The Biopsychosocial Model, proposed by George Engel in 1977, presents a more complete consideration of well-being and ailment. Unlike the outdated biomedical method, which emphasizes decently on physical indications, this typically reflects how genetic, psychological and social aspects all contribute to a person's well-being. For instance, someone who suffers from chronic pain capacity be dealing not just with physical reasons, like nerve impairment, but also with mental stress and the emotional effects of incomplete social care. This holistic view has converted how medical experts' method of diagnosis and treatment, reassuring combined care and personalized interventions.

8.7. Attitudes and Behaviour

The connection between what people accept as true and how they act is composite. Attitudes, one's opinions and emotional state about convinced thoughts, individuals, or actions can heavily impact the choices one makes. According to the Theory of Planned Behaviour (Ajzen, 1991), an individual's intent to perform convincingly is formed by three key features:

Attitudes – How positively or negatively an individual assesses the behaviour.

Subjective Norms – The impact of others' opportunities and societal burdens.

Perceived Behavioural Control – How much control the person has in they take over the act.

This theory has been cast off to recognize why individuals engage in firm behaviours, from healthy routine choices to social traditions. Studies also recommend that optimistic attitudes regularly lead to additional productive and on a social basis, beneficial behaviour, while undesirable defiance can contribute to destructive or avoidant responses (Eagly & Chaiken, 1993). Reassuring positive defiance, therefore, plays a vital part in helping behaviour modification and individual development.

8.7.1. Attitude - Behavior Consistency Theory: perceives the sights when defiance is to be expected to forecast behaviours, signifying that defiance is more likely to be expected to forecast behaviour when they remain strong, exact and directly connected to the behaviour. Personal significance and availability of defiance to improve attitude behaviour steadiness. Stronger and more relevant attitudes are further analysis of behaviour associated with feeble, overall defiance.

8.7.2. Cognitive Dissonance Theory

Individuals' knowledge of distress (dissonance) when their defiance and behaviours are impulsive, which stimulates them to alter their defiance or behaviour to decrease the dissonance. Individuals frequently alter their defiance to line up with their behaviour when it's problematic to modification of the behaviour or defend behaviour that denies their unique defiance (Festinger, 1957).

9. Social Learning Theory

Behaviour is educated through observation, simulation and modelling of others' behaviours, specifically when attitudes toward the behaviour are favorable. Reciprocal determinism describes that behaviour, defiance and the setting relate to and influence each other. Defiance toward conventional behaviours can be formed by detecting others' schedules and their significances, which affect one's behaviour (Bandura, 1977).

9.1. Self Perception Theory

People change attitudes by perceiving their behaviour, especially when inner reminders are vague. Rather than attitudes lashing behaviour, individuals conclude their attitudes from their schedules. This theory recommends that behaviour can figure defiance, particularly when pre existing attitudes are feeble or indistinct. The theory discovers the multifaceted connection between attitudes and behaviour, viewing that even though attitudes can predict behaviour, the connection is frequently influenced by further aspects like social standards, controllers and self perception (Bem, 1972).

10. Yoga

Vethathiri Maharishi, an admired divine tutor from India, is acquainted with a well-versed tactic to individual and divine evolution that incorporates fundamentals of physical exercise, mental correction and divine vision. At Temple of Consciousness, a methodical set of exercises, labelled as Simplified Physical Exercises, is trained for complete well-being. These procedures, created on classical yoga, have been established to tone all of the muscles in one's physique in a stable, pleasant sounding way.

The basic physical exercises are physical activities that are easy and simple to do and suitable for all ages. These practices are based on Vethathiri Maharishi's philosophy, which highlights the holistic relationship between body, mind and spirit. Their purpose is to help individuals achieve a balanced lifestyle, improve physical health, enhance mental clarity and support emotional stability.

Unlike many strenuous workout regimens, simplified physical exercises can be practiced without special equipment or extensive physical strength, which makes them an ideal choice for maintaining wellness in both personal and community settings.

10.2. Temple of Consciousness

Vethathiri Maharishi designed the Temple of Consciousness as a centre for spiritual knowledge and the growth of inner consciousness. For Maharishi, consciousness is the basis of the whole of life, to which one can connect and develop to gain a higher awareness of oneself in connection with the natural world. The Temple offers a tranquil place for individuals to practice meditation, self-reflection and other methods to improve one's consciousness and achieve the Path.

The construction of the Temple is a part of Maharishi's larger concept of creating a global society based upon spiritual principles, where people of all nationalities and races can work together in peace and unity to create a better world. It is designed for guiding people to synchronize their consciousness with the universal consciousness to live a proper life, of balance, clarity and unity (Nagarajan, 2013).

10.3. Simplified Physical Exercises

Simplified Physical Exercises, an indigenous form of Yoga, having been developed by Shri. Vethathiri Maharishi is Simple physical movements and step by step exercises for attaining Youthfulness, Health and Vitality and Clarity of Mind and Balance of Mind. Simple exercises that are deliberately easy to practice and can be done by anyone regardless of age, that serve as a daily routine to help to get balanced and feel well. Formulated with the body in mind, they help release physical tension, increase the flow of blood and reduce stress (Subramanian, 2008).

At the core of these workouts is the idea that body, mind and soul are deeply interrelated. Attuning to the physical body, people find they can do the deeper inner work – meditation, self-reflection. It is not only a stand alone practice; it supplements other spiritual practices and forms a package of personality development and self-awareness (Vethathiri Maharishi, 2005).

Maharishi has provided a bridge between physical health and spiritual insight with The Temple of Consciousness and "The Simplified Physical Exercises". The exercises are the material practice on which the Temple and its spiritual quest are based. Together, they provide a symmetrical approach to help people live in a harmonious balance within themselves and the world around them.

As the founder of the World Community Service Centre, Vethathiri Maharishi envisioned a world where peace and wellness go hand in hand. His pearls of wisdom and schemes, particularly the Simplified Physical Exercises, endure to guide numerous on the pathway toward improved, more expressive lives.

The exercises are designed to help in the following ways:

- Physical health
- Mental clearness
- Energy equilibrium
- Spiritual growth

Encourage self examination and self-awareness through humble and accessible performances. Simplified Physical Exercises are divided into a sequence of attitudes and performances that emphasize refining numerous features of physical well-being. These exercises are divided into stages based on their complexity and period.

The core principles of Simplified Physical Exercises involve

- Simplicity
- Accessibility
- Systematic progression
- Holistic approach

10.4. Benefits of Simplified Physical Exercises

Simplified Physical Exercises have been associated with numerous benefits

- **Physical health**

- **Improved flexibility**

Regular rehearsal of the asanas helps to increase joint and muscle flexibility.

- **Better circulation**

The workouts help to restore blood flow, which supports complete organ function and energy levels.

- **Weight management**

Consistent practice can assist in weight control through metabolic regulation and calorie burning.

- **Mental health**
- **Stress reduction**

The relaxation and breathing techniques incorporated in the exercises are highly effective in reducing stress and anxiety levels. The exercises create a deep state of relaxation, which helps reduce the physical effects of stress.

- **Mental clarity and focus**

By incorporating deep breathing and concentration, the exercises improve mental clarity, attention and cognitive performance.

Spiritual benefits

- **Self-awareness and mindfulness**

The exercises promote a state of mindfulness, where the practitioner becomes more aware of their body and mind, fostering a deep sense of inner peace.

- **Energy balance**

By practicing these exercises, individuals align their body's energy systems, which is believed to contribute to spiritual growth and harmony.

Simplified Physical Exercises offers a simple, holistic approach to improving physical and mental well-being. Whether for children, adolescents or adults, these exercises are designed to be accessible, effective and beneficial for all. It is not only to enhance the body's physical health but also to promote mental clarity, emotional balance and spiritual development. These exercises offer a practical solution to counter the stresses of modern life and support long term well-being.

11. Psychoeducation

Psychoeducation is an approach in mental health care that focuses on helping individuals and their families understand mental health conditions in a clear and supportive way. Rather than being just a set of facts, it is a guided process of learning that equips people with practical knowledge about their condition, how to cope with it and what kinds of treatments are available.

This form of education empowers individuals by making them active participants in their care. When people understand what they are going through, they are more likely to

engage in their treatment, manage their symptoms effectively and communicate better with mental health professionals. Families, too, benefit from this insight, as it allows them to offer more meaningful support and reduce feelings of helplessness or confusion. Ultimately, psychoeducation helps create a foundation for long term well-being by promoting awareness, self-confidence and collaboration in the healing process.

11.1. Definition and Purpose

Psychoeducation is defined as “the education of a person with a psychiatric disorder in subject areas that serve the goals of treatment and rehabilitation” (Lukens & McFarlane, 2004). It involves providing individuals and their families with structured, accurate information about mental health conditions, coping skills and available treatments to improve understanding, reduce stigma and promote better health outcomes.

The main goals of psychoeducation include:

- Increasing awareness of mental health conditions.
- Teaching coping strategies and self-management skills.
- Promoting adherence to treatment and medication regimens.
- Reducing stigma and encouraging social support.

Psychoeducation is a complex method that can be delivered in numerous setups, as well as individual sessions, group healing, family treatment or complete community programmes (Lukens & McFarlane, 2004).

11.2. Key Components of Psychoeducation

An organized approach used in mental health settings to educate people and usually family members, about specific mental illnesses is called psychoeducation. Beyond simply distributing data, it prepares individuals with the considerate as well as assistance essential to understand their symptoms, control their illness and indicate the best sequence of action. According to Mueser et al. (2002), understanding the nature of an illness asset endorses a more accepting viewpoint of one's involvement while letting down emotional states of fear, guilt and loneliness.

11.3. Key Areas in Psychoeducation

- Understanding the Mental Health Condition

One of the core elements of psychoeducation is helping individuals and their families gain a clear understanding of the mental health condition itself. This includes its symptoms,

potential causes, expected course and possible outcomes. When people understand what they are facing, it becomes easier to cope, seek help and stay engaged in treatment.

- Exploring Treatment Options

Psychoeducation also involves discussing the different treatment paths available, such as medication, therapy, lifestyle modifications and self care routines. With this knowledge, individuals are better equipped to participate actively in choosing what works best for them.

- Learning coping techniques

An additional vigorous feature of psychoeducation comprises practical services. Individuals are provided with directions on how to understand stress, recognize and respond to initial threatening signs and tolerate stimulating conditions. Structured problem solving, cognitive behavioural plans and relaxation approaches are recurrent follow-ups.

- Involving Family Members

When suitable, family members are transported into the procedure to support retrieval. Helping them comprehend the ailment can lead to improved communication, reduced misinterpretations and a supplementary sympathetic home environment. Dixon, Adams and Lucksted (2000) highlighted that family participation plays a momentous part in long term recovery.

Psychoeducation proposals offer more than a few compensations in the treatment and administration of mental health tests.

Psychoeducation offers substantial benefits in the management and treatment of mental health conditions by enhancing individuals' understanding of their illness and fostering active engagement in care. When individuals are provided with accurate information about their condition and its treatment, they are more likely to adhere consistently to prescribed treatment regimens, including regular medication use and active participation in therapy sessions (Colom et al., 2003). Such understanding also contributes to the development of improved coping skills, as increased awareness and access to practical strategies enable individuals to manage symptoms more effectively, reduce subjective distress, and enhance overall quality of life (Donker et al., 2009). Moreover, psychoeducation plays a critical role in relapse prevention, particularly among individuals with chronic mental health conditions such as bipolar disorder and schizophrenia. By

facilitating early recognition of warning signs and clarifying when professional support should be sought, psychoeducation supports sustained stability and long-term management (Pekkala & Merinder, 2002). In addition to these clinical benefits, psychoeducation contributes to stigma reduction by challenging misconceptions and dismantling entrenched myths surrounding mental illness. The dissemination of clear and accurate mental health information fosters greater empathy, social understanding, and acceptance, thereby creating a more supportive environment for individuals experiencing psychological difficulties.

Approaches of Psychoeducation

Psychoeducation can be delivered through multiple approaches, each addressing different contextual and interpersonal needs of individuals experiencing psychological difficulties. **Individual psychoeducational sessions** are conducted in one-to-one settings and are tailored to the individual's specific concerns, thereby allowing for personalised guidance and a secure environment in which sensitive issues can be discussed. Such settings facilitate focused learning, enable clarification of misconceptions, and support the development of coping strategies that are directly relevant to the individual's experiences.

In contrast, **group-based psychoeducation** offers opportunities for shared learning and interpersonal engagement. Group formats allow participants to interact with others who face similar challenges, fostering mutual understanding, normalisation of experiences, and a sense of belonging. Through the exchange of experiences and strategies, group psychoeducation can enhance emotional validation, reduce feelings of isolation, and strengthen collective coping resources.

Family psychoeducation represents another important approach, particularly in the context of long-term or chronic mental health conditions such as schizophrenia and bipolar disorder. Involving family members in the psychoeducational process enhances understanding of the illness, reduces interpersonal conflict, and improves communication patterns within the household. Empirical evidence suggests that family psychoeducation contributes to improved treatment outcomes by strengthening support systems and promoting collaborative care, thereby facilitating sustained recovery and stability (Dixon et al., 2000).

11.4. Community Programmes

Larger scale programmes often include public seminars, workshops, or media campaigns to spread awareness and reduce stigma in society. Psychoeducation is a vital component of modern mental health care, empowering patients and their families by providing valuable knowledge and coping strategies for managing mental health conditions. It enhances treatment adherence, reduces relapse rates and fosters a supportive environment. As an adaptable and evidence based approach, psychoeducation continues to be an essential tool for mental health

11.5. Effect of Psychoeducation on Menstrual Attitude, Psychological Well-being and Perceived Stress

Psychoeducation is, in fact, a sound intervention tool for addressing menstrual related disorders by enhancing attitudes toward menstruation and it helps to improve psychological well-being, decreasing the perceived levels of stress. Menstruation, in general, has been shrouded in negative views and social stigma and often brings about psychological and stressful reactions in women and adverse attitudes toward their bodies. Psychoeducation on menstruation can provide people have proper information and it is an important aspect that helps reduce the burden of psychological and emotional stresses due to menstruation.

Psychoeducation, although originally developed as an adjunct intervention for psychiatric disorders, has increasingly been recognised as a flexible, transdiagnostic approach that is applicable to a wide range of psychosocial and health-related concerns. Its broader use is conceptually justified because psychoeducation operates through core mechanisms enhancing accurate knowledge, correcting maladaptive beliefs, reducing stigma, and strengthening coping skills, which are not limited to clinical mental health conditions (Donker et al., 2009). These mechanisms are equally relevant in contexts where misinformation, cultural taboos and negative social narratives shape individual attitudes and stress responses. Menstruation is one such domain, as it is frequently surrounded by misinformation, stigma and restrictive socio-cultural norms that contribute to psychological distress and negative self-perceptions (Chrisler, 2011; Hennegan et al., 2021). Extending psychoeducation to menstrual health is therefore theoretically sound by providing accurate information, normalising menstrual experiences and promoting positive attitudes toward the

body, psychoeducational programmes can reduce stress, improve emotional well-being, and foster healthier menstrual attitudes.

11.6. Enhancing Menstrual Attitude

Many people grow up with negative perceptions of menstruation, often influenced by cultural norms, societal stigma and family beliefs. These negative attitudes can lead to feelings of shame, discomfort or even embarrassment about a natural bodily function. To address this, psychoeducational programmes are designed to:

- Share clear and accurate information about menstruation, challenging myths and misunderstandings (Chrisler et al., 2015)
- Reinforce the idea that menstruation is a normal, healthy biological process, helping individuals develop more accepting and positive views (Wong, 2011)
- Encourage open conversations in schools, workplaces and communities, which in turn help reduce stigma and promote healthier attitudes toward menstrual health (Marván et al., 2005)

By offering evidence based knowledge and promoting healthier mindsets, these programmes help reduce negative emotions linked to menstruation and support the development of more positive attitudes.

11.7. Enhancing Psychological Well-being

Menstruation can impact mental health, mainly for individuals experiencing symptoms of premenstrual syndrome or added simple conditions like premenstrual dysphoric disorder. When disagreeable views about menstruation resemble bodily and demonstrative symptoms, individuals may be more susceptible to stress, anxiety and depression. Psychoeducational methods can make an expressive alteration by:

- Teaching applied approaches for handling emotional and psychological symptoms of Premenstrual syndrome and Premenstrual dysphoric disorder (Stubbs et al., 2018)
- Encouraging self care performs such as mindfulness, keep fit and balanced nutrition, all of which provide expressive equilibrium during the menstrual cycle (Armour et al., 2019)

- Standardizing demonstrative variations and contribution stress relief tackles like breathing trainings and relaxation practices, which help recover complete mental well-being (Eisenlohr-Moul et al., 2017)

With an emphasis on self-awareness and expressive flexibility, psychoeducation provisions improved mental effectiveness during the menstrual cycle.

11.8. Perceived Stress

Perceived stress reproduces how overwhelmed or out of control an individual feels in response to life's stressors and strains. Menstrual uneasiness, when misinterpreted or unsubstantiated, can intensify that stress. Psychoeducation assists in managing stress by imparting knowledge on necessary concepts related to stress in more than a few meaningful ways as follows:

- By construction, self-assurance occurs when people comprehend how to alleviate their indications, they feel more in control, which helps decrease anxiety and feebleness (Nwankwo et al., 2019)
- Stress management training techniques like deep breathing, meditation, or progressive muscle relaxation are often part of these programmes and are useful in calming menstrual related stress (Cheng & Yang, 2015)
- By improving planning when individuals learn how to anticipate and manage their cycles, the unpredictability is reduced, and they can navigate their routines with less disruption and worry (Marván et al., 2005)

Psychoeducation helps individuals not only handle menstrual related challenges but also enhances their overall capacity to deal with stress in everyday life.

Need for the Study

Adolescence is a very important period in one's life which includes undergoing changes in biology, emotions and social life. Onset of menstruation marks as a significant development for girls at this age. This experience comes with discomfort, anxiety and psychological pressure which is influenced by cultural taboos, lack of education and misinformation which makes matters worse. This results in developing engrained negative attitudes which end up adversely affect self image, emotional health and social life.

To deal with such issues, coping strategies need to be formulated which take all factors into account and enable holistic health. These emotional responses can be negative attitudes but such responses are important and need to be welcomed and undergo constructive coping (Stubbs, 2008; Sommer & Sahin, 2013).

Regardless, with the tremendous need of psychological well-being sharpening during this age period, it is important to enhance and foster protective factors, promoting emotional and school engagement and overall mental health. More specifically targeting the needs of adolescent girls who are posed to greater hormonal and societal stress are more susceptible to being emotionally volatile (WHO, 2014). Discomfort, worry and psychological pain typically characterize this phase. Such cultural attitudes, lack of education and pervasive myths often fuel such reactions. As a result, many girls acquire negative beliefs about menstruation that affect their self-esteem, emotional well-being and other psychosocial aspects. These negative impacts must be addressed with purposeful, systematic strategies aimed at their holistic development and well-being.

Encouraging positive menstrual attitudes has been linked to better psychological outcomes such as self-esteem and coping skills (Stubbs, 2008; Sommer & Sahin, 2013). Supporting pre and post adolescents' engaging in emotionally resilient, mentally healthy and school affirming contexts is crucial as this developmental stage is foundational for psychological health. Due to rapid hormonal changes and societal expectations, adolescent girls, in particular, are more likely to experience heightened stress and mood changes (WHO, 2014). Among the numerous factors contributing to mental health challenges during this period, perceived stress resulting from academic expectations, social interactions and personal goals stand out as particularly significant. Chronic stress can disrupt the balance of learning and emotions and over time, impact bodily health (Cohen et al., 1983). While yoga and psychoeducation individually have proven to offer psychological advantages, there seems to be little to no research on their synergistic effects especially regarding changing menstrual attitudes and alleviating stress among adolescent school girls. Looking into this gap might be beneficial in determining how holistic methods can be utilized to promote the mental and emotional health of adolescent girls during a crucial stage of development. This study addresses this gap, providing evidence based insights into the synergistic effects of these interventions. The surveys on Adolescent Menstrual Health emphasizes the need for a comprehensive approach to menstrual health management involving all levels of society. At

the national and state levels, officials must create relevant policies, allocate budgets, and provide strategic oversight, while district authorities like health officers, education officers and frontline workers are responsible for implementation and monitoring. Schools should ensure well maintained, gender segregated toilets with water and soap facilities and establish Girls Hygiene Clubs to foster peer learning and support. Educational modules should address puberty changes, menstruation biology, hygienic practices, handling menstrual products, pain management, nutrition and dispelling myths. At the community level, support groups for out of school girls can promote awareness, while societal and family norms must shift through positive involvement from teachers, community leaders, self help groups and families, including men and boys. This supports the need for holistic effort which aims to normalize menstruation, eliminate stigmas and support the well-being of women and girls.